# Field for school to insert logo School Name

## REIMBURSEMENT REQUEST FORM

This form should only be used if circumstances have prevented the normal ordering/purchasing process from being completed. Reimbursements should not be utilised on a regular basis.

## Employee Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee Name: |  |  | |  |
| Employee ID: |  | Job Title: | |  |
| Email: |  | | | |
| Banking Details | | | | |
| Account Name: |  | BSB: |  | |
| Account Number: |  |  |  | |

## Details of Purchase/s

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of purchase/s: | | | | | Reimbursement Amount: $ | | |
| Please provide details of purchase and attach all supporting documentation (receipts etc.) | | | | | | | |
|  |  | |  |  | |  |  |
|  |  | |  |  | |  |  |
|  |  | |  |  | |  |  |
| I attest that I have incurred the expense/s above and I am seeking reimbursement from school funds. | | | | | | | |
| Signature: | |  |  |  | |  |  |
|  | | | | | | | |

## Approval for Reimbursement

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Position: |  |
| I approve the above purchases and certify that they have been made on behalf of the school | | | |
| Signature: |  | Date: |  |
|  |  |  |  |
| Name: |  | Position: |  |
| I approve the above purchases and certify that they have been made on behalf of the school | | | |
| Signature: |  | Date: |  |
|  |  |  |  |

## Office Use Only

|  |  |  |  |
| --- | --- | --- | --- |
| Sub program code/name: |  |  |  |
| General ledger code/name: |  | GST Code: |  |
| Other notes: |  |  |  |
| Processed by: |  | Date: |  |